



Rcv'd by Teacher Initials _____ date: _____

Rcv'd by Office Initials: _____ date: _____

_____ 'S DISMISSAL PLAN

Grade _____

	<u>BUS:</u> <u>1, 2, or 3</u>	<u>BUS STOP</u>	<u>PICKED UP BY</u>
MONDAY			
TUESDAY			
WEDNESDAY			
THURDAY			
FRIDAY			

(Please return this form to your child's teacher the first day of school. If minor or significant changes to this plan need to occur, please contact the office.)



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